

<p>Effective on 10/01/2008 Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FFR 11 2009</p> <p>FE TRANSMITTAL FOR FY 2009</p>		Complete if Known	
		Application Number	10/567,850
		Filing Date	February 10, 2006
		First Named Inventor	KIM, Chang Wook
		Examiner Name	Stephen M. Gravini
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3743
TOTAL AMOUNT OF PAYMENT (\$ 1,430.00)		Attorney Docket No.	9988.299.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	115	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>

- 20 or HP = 0 x \$52 = 0

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

0 0

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>

- 3 or HP = 0 x \$220 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>- 100</u>	<u>0</u>	<u>/ 50</u> = <u>0</u> (round up to a whole number) x		<u>0</u>

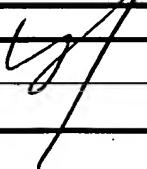
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): <u>Request for Continued Examination (RCE)</u>	<u>\$810.00</u>
<u>Petition for Extension of Time (three-month*)</u>	<u>\$620.00</u>

*Two-month extension paid with filing of Amdt AF on December 22, 2008

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43,324	Telephone (202) 498-7500
Name (Print/Type)	Yong S. Choi		Date February 11, 2009